

NOTICE OF EMPLOYMENT / TERMINATION

Forward to the MCJA within 30 days of employment or termination

*Please fill out either the **EMPLOYMENT** or the **TERMINATION** information, as applicable.*

Name (Applicant) _____ Maiden Name _____
(Last) (First) (Middle)

Department _____ Title _____

Department email address: _____

Date of Birth: _____ Sex: _____ SS# _____

The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (42 USC, §405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

EMPLOYMENT DATE: ____/____/____

IS THIS A BLETP CANDIDATE YES NO IS THIS A BCOR CANDIDATE YES NO

Has this individual been employed as a Maine Law Enforcement/Correction officer within the past two years? YES NO

****If no and individual has not worked as a LEO or CO within the past two years, then individual must be recertified.****

EMPLOYMENT LEVEL:

- | | | | |
|----------------------------------------------------|----------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Full Time Law Enforcement | <input type="checkbox"/> Part Time Law Enforcement | <input type="checkbox"/> Transport Officer | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Judicial Marshal | <input type="checkbox"/> Capitol Police Officer | <input type="checkbox"/> Corrections Worker |
| <input type="checkbox"/> Forest Ranger | <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Shellfish Warden | <input type="checkbox"/> Harbor Master |

Has this employee had basic training for full-time law enforcement or corrections **OUT OF STATE? YES NO**

Is a Waiver for either BLETP or BCOR being sought? **YES NO**

If the agency is requesting a waiver of the basic law enforcement or corrections school for this individual, please forward the appropriate Waiver Application Packet to the Maine Criminal Justice Academy. (Available on our web site <http://www.state.me.us/dps/mcja>)

TERMINATION DATE: ____/____/____

EMPLOYMENT LEVEL:

- | | | | |
|----------------------------------------------------|----------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Full Time Law Enforcement | <input type="checkbox"/> Part Time Law Enforcement | <input type="checkbox"/> Transport Officer | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Judicial Marshal | <input type="checkbox"/> Capitol Police Officer | <input type="checkbox"/> Corrections Worker |
| <input type="checkbox"/> Forest Ranger | <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Shellfish Warden | <input type="checkbox"/> Harbor Master |

If termination, please indicate type

Type of Termination (Please Circle) Resigned Discharged Retired Deceased Other _____

Comments: _____

*******This form MUST be signed by the Department Head and submitted to the MCJA*******

Name (please print): _____ **Title** _____

Signature: _____ **Date** _____

Agency Address: _____

OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989

(207) 877-8000 (Voice)

(207) 877-8027 (Fax)

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